NTRY BLANK

LEASE TYPE OR PRINT Entered pr

PLEASE TYPE OR PRINT	Entered previous May Shov
Ms. Artist Hu6H	KEPETS (Last Name Last)
Permanent 307 U	12987. NYC
	695-9238
Temporary 49 WK+WI Address Street	ES W. KEPETS SHUMTON CLEVE
49118 Tel. 216 3	371-0488
Permanent address is in what county	MANHATTAN
Born in Cuyahoga County Yes Collaborator Burr M (If Any)	i □ No _
If May Show entries are not accepted Artist will pick up at Museum.  Museum should dispose of.  Museum should ship to artist C.	
Special Instructions When necessary include below instr the object is to be assembled and di	

## THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until June 15, 1975.

The submission of objects will be construed as acceptance of al

Signature.

100 Thorp Ne Sie

ENTRY BLANKS				
	nintings 2. Graph culpture 5. Electr			
Medium or Materials				
LITHOGRA	ph/scre	EN PI	UNT	
THEROOKLYN	BOTANICA	GANL	DENI	
Price or NFS Insure If NF W/FRAME	once Value S Only 250.		E = 29" X18" - 31" X27	
GRA	PHICS AND PHOTOGR	APHY ONLY		
Additional No. For Sale    W FRAME   WITHOUT	Total No. in Edition	Price Unframed 200.	Price of Frames 3 50.	
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BROOKLYN .	BOTANICAL	GARD	NEW II	
Price Framed Insurance Value		Size IMAGE = 24"X18		
or NFS If NF 250. WI FRAME	250.	50. W/FRAME = 31" X 27"		
GRA	PHICS AND PHOTOGR	APHY ONLY		
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1975 MAY SHOW

The Cleveland Museum of Art

Cleveland, Ohio 44106

Dates for Pick-up of Objects

Museum Service Entrance 9:30 a.m. to 4:30 p.m., Monday through Saturday

Rejected Objects April 14 through April 26

Accepted Objects

June 23 through June 28

It is understood that the Museum will have the right to dispose for its own account any object not called for by the dates listed.

Please keep address within this box for window envelope.

Name	HUGH KEPETS			
Address	307	W29	ST	Apt 1C
City & State	NEWY	ORK	, NY	Zip 1000/

## PLEASE TYPE OR PRINT.

This is the label that will be used to mail your notification of acceptance or rejection.

## ACCEPTANCE OR REJECTION NOTICE

This is your only receipt to claim your object(s). This notification will be mailed to you following judging.

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